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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF GEORGIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: | Identify Yourself | | |
|-----|--|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | | Lona First name Direese Middle name Kelly Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | use Inclu | other names you have d in the last 8 years ude your married or den names. | Lona Direese Meadows | |
| 3. | you num Indi | y the last 4 digits of r Social Security ober or federal vidual Taxpayer tification number | xxx-xx-1534 | |

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Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 8132 Hillside Climb Way | If Debtor 2 lives at a different address: | | | |
| | | Snellville, GA 30039 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| DeKalb | | | | | | |
| County | | County | County | | | |
| above, fill | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| ò. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Debtor 1 Lona Direese Kelly

Case number (if known)

| Par | Tell the Court About | Your E | 3ankruptcy Ca | ise | | | |
|-----|---|--|----------------------|--|---|--|---------|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | |
| | choosing to file under | | | | | | |
| | | | Chapter 11 | | | | |
| | | | Chapter 12 | | | | |
| | | _ | Chapter 13 | | | | |
| | | | ., | | | | |
| 8. | How you will pay the fee | • | about how yo | u may pay. Typ attorney is subr | ically, if you are paying the fee ye | ck with the clerk's office in your local court for more ourself, you may pay with cash, cashier's check, o alf, your attorney may pay with a credit card or ch | r money |
| | | | | | callments. If you choose this opti s (Official Form 103A). | on, sign and attach the Application for Individuals | to Pay |
| | | | | | | n only if you are filing for Chapter 7. By law, a judg | |
| | | | applies to you | ur family size an | d you are unable to pay the fee i | our income is less than 150% of the official poverty in installments). If you choose this option, you mus cial Form 103B) and file it with your petition. | |
| 9. | Have you filed for bankruptcy within the | ■ N | | | | | |
| | last 8 years? | ПΥ | | | Whon | Coop number | |
| | | | District | | When When | Case number Case number | |
| | | | District District | | When | Case number | |
| | | | District | | vviieii | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ N | 0 | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Y | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ N | o. Go to I | ine 12. | | | |
| | | ☐ Y | es. Has yo | ur landlord obta | nined an eviction judgment agains | st you? | |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out <i>Ini</i> this bankruptcy | | Judgment Against You (Form 101A) and file it as p | part of |
| | | | | | | | |

Debtor 1 Lona Direese Kelly Case number (if known)

| Par | Report About Any Bu | sinesses | You Own | as a Sole Proprietor | | | | | |
|------|---|---|---|---|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ull- or part-time ■ No. | | Go to Part 4. | | | | | |
| | | ☐ Yes. | Name | Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | you have more than one ole proprietorship, use a Number, Street, City, State & ZIP Code | | | & ZIP Code | | | | |
| | it to this petition. | | Chec | k the appropriate box t | o describe your business: | | | | |
| | | | | Health Care Busines | s (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Single Asset Real Es | state (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | Stockbroker (as defi | ned in 11 U.S.C. § 101(53A)) | | | | |
| | | | | Commodity Broker (| as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation in 11 U.S | s. If you ir s, cash-fl .C. 1116(| filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate that you are a small business debtor, you must attach your most recent balance sheet, statement, and federal income tax return or if any of these documents do not exist, follow the process. 1116(1)(B). | | | | | |
| | For a definition of small | No. | I am r | not filing under Chapte | 111. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am f | iling under Chapter 11 | and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Par | 4: Report if You Own or | Have Anv | Hazardo | ous Property or Any F | Property That Needs Immediate Attention | | | | |
| | Do you own or have any | | | | | | | | |
| 1-7. | property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is | the hazard? | | | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | sumbor Chroat City State 9 7 in Code | | | | |
| | | | | N | umber, Street, City, State & Zip Code | | | | |

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Debtor 1 Lona Direese Kelly

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Lona Direese Kelly **Answer These Questions for Reporting Purposes** Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million ■ \$0 - \$50.000 □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lona Direese Kelly Signature of Debtor 2 Lona Direese Kelly Signature of Debtor 1 Executed on February 1, 2019 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Lona Direese Kelly _____ Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ J. Keith | n Cornwell | Date | February 1, 2019 |
|-----------------|------------------------|---------------|---------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| J. Keith Co | ornwell 940503 | | |
| Printed name | | | |
| Cornwell I | _aw Firm | | |
| Firm name | | | |
| 2180 Sate | llite Blvd | | |
| Suite 400 | | | |
| Duluth, GA | A 30097 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 770-239-1894 | Email address | cornwelllawfirm@gmail.com |
| 940503 GA | 1 | | |
| Bar number & S | tate | | |

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| E:II : | n this infor | nation to identify you | | | | | | |
|-----------------|------------------------|---|--|---|---|---|--|--|
| | | nation to identify you | | | | | | |
| Debt | or 1 | Lona Direese Ke | Middle Name | Last Name | | | | |
| Debt (Spou | or 2 se if, filing) | First Name | Middle Name | Last Name | | | | |
| Unite | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT C | OF GEORGIA | | | | |
| Case (if kno | e number _ wn) | | | | | Check if this is an amended filing | | |
| Sta Be as | s complete a | of Financial and accurate as possione space is needed, | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for sup | | | |
| numk | | n). Answer every ques Details About Your Ma | stion. rital Status and Where You | Lived Before | | | | |
| | | r current marital statu | s? | | | | | |
| | ■ Married □ Not mai | | | | | | | |
| 2. I | During the l | ring the last 3 years, have you lived anywhere other than where you live now? | | | | | | |
| | ■ No □ Yes. Lis | at all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>.</i> | | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | |
| | | | | | ity property state or territor co, Texas, Washington and V | | | |
| | Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (Of | fficial Form 106H). | | | | |
| Part | 2 Explai | n the Sources of You | r Income | | | | | |
| I | Fill in the tota | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? | | |
| | □ No ■ Yes. Fil | in the details. | | | | | | |
| | | | Debtor 1 | | Debtor 2 | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | |
| | • | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$7,736.46 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | ☐ Operating a business | | ☐ Operating a business | | | |

Official Form 107

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Case number (if known) Document Debtor 1 Lona Direese Kelly

| | | | Dobtor 1 | | Dobtos 2 | |
|------------|-------------------------------------|---|--|---|--|--|
| | | | Debtor 1 | Cross income | Debtor 2 | Cuang in |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calen inuary 1 to | dar year: December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$62,080.51 | ☐ Wages, commission bonuses, tips | ns, |
| | | | ☐ Operating a business | | ☐ Operating a busine | SS |
| | | dar year before that: December 31, 2017) | ■ Wages, commissions, bonuses, tips | \$60,000.00 | ☐ Wages, commission bonuses, tips | ns, |
| | | | ☐ Operating a business | | ☐ Operating a busine | ss |
| 5. | Include include and other winnings. | come regardless of whe public benefit payments f you are filing a joint ca | ne during this year or the two ther that income is taxable. Exa it; pensions; rental income; inter ase and you have income that you come from each source separate | amples of other income are all est; dividends; money collect you received together, list it o | ed from lawsuits; royaltienly once under Debtor 1. | es; and gambling and lottery |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | r last calen nuary 1 to | dar year: December 31, 2018) | Fderal Tax Return | \$2,000.00 | | |
| | | dar year before that: December 31, 2017) | Fderal Tax Return | \$2,000.00 | | |
| | 10 11. | | | | | |
| | TECH | | | | | |
| Pa | LIST | Certain Payments Yo | u Made Before You Filed for I | Bankruptcy | | |
| | | Debtor 1's or Debtor Neither Debtor 1 nor | u Made Before You Filed for E 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol | debts? Imer debts. Consumer debts | are defined in 11 U.S.C. | . § 101(8) as "incurred by an |
| | Are either | Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol fore you filed for bankruptcy, die | debts? Imer debts. Consumer debts d purpose." | | . § 101(8) as "incurred by an |
| | Are either | Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days bed No. Go to line Yes List below paid that of | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol fore you filed for bankruptcy, did 7. Teach creditor to whom you paid creditor. Do not include paymen | debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in tts for domestic support oblige. | of \$6,425* or more? | and the total amount you |
| | Are either | Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that continuous | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol fore you filed for bankruptcy, did 7. | debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in the for domestic support obligates his bankruptcy case. | of \$6,425* or more? n one or more payments ations, such as child sup | and the total amount you port and alimony. Also, do |
| | Are either No. | Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that of not include * Subject to adjustme Debtor 1 or Debtor 2 | 2's debts primarily consumer Debtor 2 has primarily consu a personal, family, or househol fore you filed for bankruptcy, did 7. each creditor to whom you paid creditor. Do not include payment a payments to an attorney for the | debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in tts for domestic support obligations bankruptcy case. Is after that for cases filed on Imer debts. | of \$6,425* or more? n one or more payments ations, such as child supor after the date of adjus | and the total amount you port and alimony. Also, do |
| | Are either No. | Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that of not include * Subject to adjustme Debtor 1 or Debtor 2 | 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol fore you filed for bankruptcy, did 7. Teach creditor to whom you paid creditor. Do not include payment e payments to an attorney for the nt on 4/01/19 and every 3 years or both have primarily consumer you filed for bankruptcy, did | debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in tts for domestic support obligations bankruptcy case. Is after that for cases filed on Imer debts. | of \$6,425* or more? n one or more payments ations, such as child supor after the date of adjus | and the total amount you port and alimony. Also, do |
| 6 . | Are either No. | Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days bed No. Go to line Yes List below paid that continculude * Subject to adjustme Debtor 1 or Debtor 2 During the 90 days bed No. Go to line Yes List below include paid that Continue to the Police of the No. Go to line Yes List below include paid that Continue to the No. Go to line Yes List below include paid the No. No. Go to line Yes List below include paid the No. | 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol fore you filed for bankruptcy, did 7. Teach creditor to whom you paid creditor. Do not include payment e payments to an attorney for the nt on 4/01/19 and every 3 years or both have primarily consumer you filed for bankruptcy, did | debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,425* or more in its for domestic support oblighis bankruptcy case. s after that for cases filed on imer debts. d you pay any creditor a total d a total of \$600 or more and | of \$6,425* or more? n one or more payments ations, such as child sup or after the date of adjust of \$600 or more? | and the total amount you port and alimony. Also, do tment. |

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Case number (if known)

Debtor 1 Lona Direese Kelly

Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe **Home Point Financial C** 01/2019-\$2040.00 \$6,120.00 \$266,468.00 ■ Mortgage 4849 Greenville Avenue 12/2018-\$2040.00 ☐ Car Dallas, TX 75206 11/2018-\$2040.00 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Chase Mortgage 01/2019- \$560.00 \$1,680.00 \$63,236.00 Mortgage Po Box 24696 12/2018- \$560.00 ☐ Car 11/2018- \$560.00 Columbus, OH 43224 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors Other **Chrysler Capital** 01/2019- \$730.00 \$2,190.00 \$36,970.00 ☐ Mortgage Po Box 961275 12/2018- \$730.00 ■ Car Fort Worth, TX 76161 11/2018- \$730.00 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other_ Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ■ No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details.

Case title

Case number

Court or agency

Nature of the case

Status of the case

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| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details below | | vas any of your property repossessed, foreclosed | , garnished, attache | d, seized, or levied? |
|-----|--|--------|--|-----------------------------------|--------------------------|
| | No. Go to line 11. | | | | |
| | Yes. Fill in the information below. Creditor Name and Address | De | escribe the Property | Date | Value of the |
| | Orealtor Name and Address | | ' , | Date | property |
| | | E | xplain what happened | | |
| l1. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No | | , did any creditor, including a bank or financial ins e you owed a debt? | stitution, set off any | amounts from your |
| | ☐ Yes. Fill in the details. | | | | |
| | Creditor Name and Address | De | escribe the action the creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or | | vas any of your property in the possession of an a ner official? | assignee for the ben | efit of creditors, a |
| | ■ No □ Yes | | | | |
| Par | t 5: List Certain Gifts and Contributions | 3 | | | |
| 13. | Within 2 years before you filed for bankru | ıptcy, | did you give any gifts with a total value of more t | han \$600 per person | ? |
| | No | | | | |
| | Yes. Fill in the details for each gift. | | Describe the wifte | Detec yeur geve | Value |
| | Gifts with a total value of more than \$600 per person | , | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | | ıptcy, | did you give any gifts or contributions with a total | I value of more than | \$600 to any charity? |
| | No | ntribu | tion | | |
| | Yes. Fill in the details for each gift or co | | Describe what you contributed | Dates you | Value |
| | more than \$600 | Jiai | Describe what you contributed | contributed | Value |
| | Charity's Name Address (Number, Street, City, State and ZIP Code) |) | | | |
| Dar | t 6: List Certain Losses | | | | |
| | | otcy o | r since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster |
| | ■ No | | | | |
| | ☐ Yes. Fill in the details. | | | | |
| | how the loss occurred | Includ | ribe any insurance coverage for the loss le the amount that insurance has paid. List pending ince claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfers | | | | |
| 16. | consulted about seeking bankruptcy or p | repari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required | | erty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | 011 | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | i erson veno made the rayment, ii Not 10 | Ju | | | |

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| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and v transferred | alue of any pro | operty | Date payment or transfer was made | Amount of payment | | |
|-----|--|---|---------------------------|-----------------|---|---|--|--|
| | Abacus Credit Counseling 17337 Ventura Boulevard Encino, CA 91316 | credit counselir | ng | | January 31, 2019 | \$25.00 | | |
| | Cornwell Law Firm, LLC 2180 Satellite Blvd. Ste 400 Duluth, GA 30097 | retainer | | | February 01, 2019 | \$360.00 | | |
| | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you I | or to make payments | | | or transfer any prope | rty to anyone who | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and v transferred | alue of any pro | pperty | Date payment or transfer was made | Amount of payment | | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | | any property or s received or debts schange | Date transfer was made | | |
| | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No | | y property to a | self-settled tr | ust or similar device | of which you are a | | |
| | Name of trust | Description and v | alue of the pro | perty transfer | ed | Date Transfer was | | |
| | | | | | | made | | |
| Par | t 8: List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and St | torage Units | | | | |
| | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | | ast 4 digits of account number | count number instrument c | | nte account was osed, sold, oved, or onsferred | Last balance before closing or transfer | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, a | ny safe depos | t box or other depos | itory for securities, | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? | | |

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| 22. | Have you stored property in a storage unit or p | lace other than your home within 1 | year before you filed for bankruptcy | ? | | | |
|--------|--|--|--------------------------------------|-----------------------|--|--|--|
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | |
| Par | 9: Identify Property You Hold or Control for | Someone Else | | | | | |
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | |
| Par | 10: Give Details About Environmental Inform | ation | | | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances. | iir, land, soil, surface water, ground bstances, wastes, or material. | dwater, or other medium, including s | tatutes or | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | | law, whether you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | | |
| Rep | ort all notices, releases, and proceedings that ye | ou know about, regardless of wher | n they occurred. | | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site | Governmental unit | Environmental law if you | Date of notice | | | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Con | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | y of the following connections to an | y business? | | | |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity, | either full-time or part-time | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnership | ip (LLP) | | | | |
| Offici | | of Financial Affairs for Individuals Filing | | page | | | |

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Document Page 14 of 69 Case number (if known) Debtor 1 Lona Direese Kelly ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. **Address** (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lona Direese Kelly Signature of Debtor 2 Lona Direese Kelly Signature of Debtor 1 Date Date February 1, 2019 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

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| | Case 1 | .9-31142-1 | WIII DOC I | | ument | Page 15 of | | 119 14.0 |)O.11 L | <i>)</i> | Civiairi |
|--------------|--|---|---|------------------------|-----------------------------|--|------------------------------|--------------|-----------------------------|----------|---|
| Fill | in this informat | ion to identify | your case and th | | | | U3 | | | | |
| | | Lona Direes | | | 1 | | | | | | |
| | | First Name | | Name | | Last Name | | | | | |
| | otor 2 ouse, if filing) | First Name | Middle | Name | | Last Name | | | | | |
| Uni | ted States Bankr | uptcy Court for | the: NORTHER | N DIST | RICT OF GE | EORGIA | | | | | |
| Cas | se number | | | | | _ | | | | | Check if this is an amended filing |
| _ | ficial Form | | _ | | | | | | | | 12/15 |
| hink nfor | tit fits best. Be as mation. If more sp wer every question | s complete and a pace is needed, a n. | accurate as possibl attach a separate sh | e. If two neet to t | married peo his form. On | If an asset fits in more ple are filing together the top of any addition | r, both are e onal pages, | equally resp | onsible for su | ıpplyi | ng correct |
| _ | No. Go to Part 2. | e property? | | | | | | | | | |
| 1.1 | 9413 Comsto | ook Dd | | What | is the prope | rty? Check all that apply | | | | | |
| | Street address, if av | | ecription | | • | y home nulti-unit building ım or cooperative | | the amount | of any secure | d clai | or exemptions. Put ms on <i>Schedule D:</i> ecured by Property. |
| | Little Rock | AR | 72209-0000 | | Land | ed or mobile home | | Current va | erty? | | rrent value of the rtion you own? |
| | City | State | ZIP Code | | Investment Timeshare Other | | hada aa | Describe t | | | \$67,700.00 ownership interest by the entireties, or |
| | | | | Who | Debtor 1 on | est in the property? C ly | neck one | Fee sim | • | | |
| | Pulaski County | | | | Debtor 1 an At least one | d Debtor 2 only of the debtors and and | | (see ins | t if this is constructions) | nmun | ity property |
| | | | | prop | erty identifica | you wish to add abo | | | cal | | |
| | | | | Deb | | n 2018 county tax county to verifie | | | over the p | hone | e on |

Official Form 106A/B Schedule A/B: Property page 1

10% costs of sale= \$6770.00

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| 8132 Hillside Cl Street address, if availab | | cription | Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D:</i> <i>Creditors Who Have Claims Secured by Property.</i> |
|---|--------------------|----------------------------|---|--|
| Snellville City | GA State | 30039-0000 ZIP Code | | Current value of the entire property? \$254,500.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, of a life estate), if known. |
| Gwinnett | | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Other information you wish to add ab property identification number: FMV based on 2018 tax assss 10% costs of sale is \$25,450. | essed. |
| If you own or have more than one, list h 4960 Conference Way Street address, if available, or other description | | | | |
| 4960 Conference | e Way | | ere: What is the property? Check all that appl Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |
| 4960 Conference | e Way | | What is the property? Check all that appl Single-family home Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 2

Part 2: Describe Your Vehicles

| Del | Case 19-5 btor 1 Lona Diree | 1742-wlh Do se Kellv | Document Page 17 of 69 | 01/19 14:08:17 ase number (if known) | Desc Main |
|----------|---|--|---|--|---|
| 3 (| Cars, vans, trucks, tra | | phicles motorcycles | | |
| | | o.o.o, opo u, | , | | |
| | No | | | | |
| | Yes | | | | |
| 3. | D | | Who has an interest in the property? Check one | the amount of any secu | claims or exemptions. Put red claims on Schedule D: |
| | Model: Durange | | ■ Debtor 1 only □ Debtor 2 only | | aims Secured by Property. |
| | Approximate mileage: | 35000 | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | | At least one of the debtors and another | | |
| | Location: 8132 H | | _ | \$07.075.00 | \$07.075.00 |
| | Way, Snellville C | SA 30039 | Check if this is community property (see instructions) | \$27,375.00 | \$27,375.00 |
| 5 Par Do | t 3: Describe Your Pers you own or have any Household goods and | hed for Part 2. Write sonal and Household It legal or equitable in | terest in any of the following items? | | \$27,375.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| [| Examples: Major applia ☐ No ■ Yes. Describe | | | | |
| | | All Home Furni Location: 8132 | shings Hillside Climb Way, Snellville GA 30039 | | \$1,500.0 |
| I | | Electronics | | ers, scanners; music collec | |
| | | Location: 8132 | Hillside Climb Way, Snellville GA 30039 | | \$500.0 |
| ı | | d figurines; paintings, tions, memorabilia, co | prints, or other artwork; books, pictures, or other ar llectibles | t objects; stamp, coin, or b | aseball card collections; |
| ı | Equipment for sports Examples: Sports, pho musical ins: No Yes. Describe | tographic, exercise, ai | nd other hobby equipment; bicycles, pool tables, go | lf clubs, skis; canoes and k | ayaks; carpentry tools; |

Official Form 106A/B Schedule A/B: Property page 3

Entered 02/01/19 14:08:17 Case 19-51742-wlh Doc 1 Filed 02/01/19 Document Page 18 of 69 Case number (if known) Debtor 1 Lona Direese Kelly 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothes \$200.00 Location: 8132 Hillside Climb Way, Snellville GA 30039 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Misc. Jewelry \$300.00 Location: 8132 Hillside Climb Way, Snellville GA 30039 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,500.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash on hand \$2.00 Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... \$2,363.00 Wells Fargo Bank checking 17.1.

Regions Bank

Schedule A/B: Property

Official Form 106A/B

17.2. checking account

\$0.00

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Case number (if known)

| Debioi | Lona Direese | Relly | | | MIOWII) |
|----------------|--|---|----------------------------|---|--|
| | | or publicly traded stocks investment accounts with b | rokerage firms, money m | narket accounts | |
| | • | | • • • | | |
| _ | es | Institution or issue | r name: | | |
| | n-publicly traded sto | ock and interests in incorp | porated and unincorpo | rated businesses, including an i | interest in an LLC, partnership, and |
| | lo | | | | |
| ΠY | es. Give specific info | rmation about them | | | |
| | | Name of entity: | | % of ownership | <u>.</u> |
| Ne | egotiable instruments on-negotiable instrum | rate bonds and other neg include personal checks, ca ents are those you cannot to | ashiers' checks, promisso | ory notes, and money orders. | |
| | es. Give specific info | rmation about them | | | |
| | es. Give specific fillo | Issuer name: | | | |
| | | issuci fiame. | | | |
| Ex | lo | RA, ERISA, Keogh, 401(k), | 403(b), thrift savings acc | counts, or other pension or profit-s | haring plans |
| — 1 | es. List each accoun | Type of account: | Institution name | : | |
| | | •• | | | |
| | | 401k | TSA account | | \$1,000.00 |
| ■ N | /es | with landlords, prepaid rent | Institution name | | companies, or others |
| | , | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , , | , | |
| □Y | es lss | uer name and description. | | | |
| 26 U ■ N | J.S.C. §§ 530(b)(1), 5 lo | 29A(b), and 529(b)(1). | | n, or under a qualified state tuiti | |
| ΠY | esIns | titution name and description | on. Separately file the re | cords of any interests.11 U.S.C. § | 521(c): |
| 25. Tru | • | ure interests in property (| other than anything lis | ted in line 1), and rights or powe | ers exercisable for your benefit |
| □Y | es. Give specific info | ormation about them | | | |
| | | ndemarks, trade secrets, a ain names, websites, proce | | | |
| | | | | | |
| ΠY | es. Give specific info | ormation about them | | | |
| Ex | amples: Building perr | nd other general intangib nits, exclusive licenses, coo | | dings, liquor licenses, professiona | I licenses |
| ■ N | | ormation about them | | | |
| | · | | | | Current value of the |
| woney | or property owed to | o you? | | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 5

claims or exemptions.

Filed 02/01/19 Entered 02/01/19 14:08:17 Case 19-51742-wlh Doc 1 Document Page 20 of 69 Case number (if known) Debtor 1 Lona Direese Kelly 28. Tax refunds owed to you ☐ No ■ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2018 anticipated tax refund \$2,000.00 **Federal** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$5,365.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

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| | ☐ Yes. | Go to line 47. | | | |
|-----------------|--------------------|--|--------------------|------------------------------|--------------|
| Part | 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| 53. | - | have other property of any kind you did not already list? | | | |
| | _ ′ | les: Season tickets, country club membership | | | |
| _ | No | | | | |
| L | ┛Yes.(| Give specific information | | | |
| 54. | Add th | ne dollar value of all of your entries from Part 7. Write tha | t number here | | \$0.00 |
| Part 55. | | List the Totals of Each Part of this Form : Total real estate, line 2 | | | \$198,950.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$27,375.00 | | |
| 57. | Part 3 | : Total personal and household items, line 15 | \$2,500.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$5,365.00 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total _I | personal property. Add lines 56 through 61 | \$35,240.00 | Copy personal property total | \$35,240.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$234,190,00 |

Official Form 106A/B Schedule A/B: Property page 7

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| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|------------|------------------------------------|
| Debtor 1 | Lona Direese Kel | ly | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number | | | | |
| (II KHOWH) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | portion you own | | opcomo iamo mar anon exemplion | |
|--|-------------------------------------|-----|---|----------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 9413 Comstock Rd. Little Rock, AR 72209 Pulaski County | \$67,700.00 | | \$4,464.00 | O.C.G.A. § 44-13-100(a)(6) |
| FMV Based on 2018 county tax assessed. Debtor called county to verified and got figures over the phone on 02/01/2019 10% costs of sale= \$6770.00 Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| All Home Furnishings Location: 8132 Hillside Climb Way, | \$1,500.00 | | \$1,500.00 | O.C.G.A. § 44-13-100(a)(4) |
| Snellville GA 30039 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Electronics Location: 8132 Hillside Climb Way, | \$500.00 | | \$500.00 | O.C.G.A. § 44-13-100(a)(4) |
| Snellville GA 30039 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothes Location: 8132 Hillside Climb Way, | \$200.00 | | \$200.00 | O.C.G.A. § 44-13-100(a)(4) |
| Snellville GA 30039 | | | 100% of fair market value, up to | |

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Lona Direese Kelly Case number (if known)

| | | | | ` ' | | |
|----|---|--------------------------------------|---------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | |
| | Misc. Jewelry Location: 8132 Hillside Climb Way, | \$300.00 | | \$300.00 | O.C.G.A. § 44-13-100(a)(5) | |
| | Snellville GA 30039 Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Cash on hand Line from Schedule A/B: 16.1 | \$2.00 | | \$2.00 | O.C.G.A. § 44-13-100(a)(6) | |
| | Line IIoiii Schedule A/B. 19.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | checking: Wells Fargo Bank Line from Schedule A/B: 17.1 | \$2,363.00 | | \$2,363.00 | O.C.G.A. § 44-13-100(a)(6) | |
| | Line nom Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 401k: TSA account Line from Schedule A/B: 21.1 | \$1,000.00 | | \$1,000.00 | O.C.G.A. § 44-13-100(a)(2.1) | |
| | Line IIom Schedule A.B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Federal: 2018 anticipated tax refund Line from Schedule A/B: 28.1 | \$2,000.00 | | \$2,000.00 | O.C.G.A. § 44-13-100(a)(6) | |
| | Line IIom Schedule A/B. 25.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No | 3 years after that for ca | ases fi | ŕ | , | |
| | Yes. Did you acquire the property cover | red by the exemption w | ithin 1 | ,215 days before you filed this case | ? | |
| | □ No □ Yos | | | | | |

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| Ellin della la Camara | Contable Control | Document | Paye 24 | 01 09 | | |
|--|---------------------------|---|----------------------------------|---|--|-----------------------------------|
| Fill in this informa | tion to identify you | case: | | | | |
| Debtor 1 | Lona Direese Ke | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bank | ruptcy Court for the: | NORTHERN DISTRICT OF | GEORGIA | | | |
| Case number | | | | | | if this is an led filing |
| Official Form | 106D | | | | | |
| | | Who Have Claim | s Secured | by Propert | у | 12/15 |
| is needed, copy the A number (if known). | dditional Page, fill it o | two married people are filing to ut, number the entries, and attac | | | | |
| _ ` | ave claims secured by | | 4b a u a ab a ab da a | | | |
| _ | ns box and submit th | is form to the court with your o elow. | tner schedules. Yo | ou nave nothing eise t | o report on this form. | |
| Part 1: List All S | Secured Claims | | | | | |
| 2. List all secured cla for each claim. If more | e than one creditor has | nore than one secured claim, list the a particular claim, list the other creat al order according to the creditor's | ditors in Part 2. As | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Bluegreen (| Corp | Describe the property that secu | | \$8,000.00 | \$4,000.00 | \$4,000.00 |
| ATT: Times 4960 Confe Ste 100 Boca Raton | rence Way N, | 4960 Conference Way Bo FL 33431 Palm Beach Co Florida Timeshare As of the date you file, the clain apply. Contingent | ounty | | | |
| | ity, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt | | ☐ Disputed Nature of lien. Check all that ap | nlv | | | |
| ■ Debtor 1 only | oriook ono. | ☐ An agreement you made (such | | ured | | |
| Debtor 2 only | | car loan) | . ao mongago en eco | | | |
| Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien | , mechanic's lien) | | | |
| ☐ At least one of the | • | ☐ Judgment lien from a lawsuit | , | | | |
| Check if this clair community debt | | ☐ Other (including a right to offset | et) | | | |
| Date debt was incurr | red | Last 4 digits of account r | number | | | |
| 2.2 Chase Mort | gage | Describe the property that secu | res the claim: | \$63,236.00 | \$67,700.00 | \$0.00 |
| Creditor's Name | | 9413 Comstock Rd. Little 72209 Pulaski County FMV Based on 2018 count assessed. Debtor called county to v got figures over the phot 02/01/2019 10% costs of sale= \$6770 | nty tax verified and ne on | | | |
| Po Box 246 Columbus, Number, Street, C | | As of the date you file, the clain apply. Contingent Unliquidated Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that ap | ply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | | An agreement you made (such car loan) | n as mortgage or sect | ured | | |
| Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien | , mechanic's lien) | | | |
| ☐ At least one of the | debtors and another | ☐ Judgment lien from a lawsuit | | | | |

Official Form 106D

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| Debtor 1 Lona Direese Kelly | | ase number (if known) | | |
|---|---|-----------------------|--------------|-------------|
| First Name Middle N | ame Last Name | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 08/08 Last Active | | | | |
| Date debt was incurred 12/29/18 | Last 4 digits of account number 4880 | | | |
| 2.3 Chrysler Capital | Describe the property that secures the claim: | \$36,970.00 | \$27,375.00 | \$9,595.00 |
| Creditor's Name Po Box 961275 | 2017 Dodge Durango 35000 miles Location: 8132 Hillside Climb Way, Snellville GA 30039 As of the date you file, the claim is: Check all that apply. | | | |
| Fort Worth, TX 76161 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | _ | | | |
| ■ Debtor 1 only □ Debtor 2 only | An agreement you made (such as mortgage or secu car loan) | red | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Opened 06/17 Last Active 12/07/18 | Last 4 digits of account number | | | |
| Heritage Property Management | Describe the property that secures the claim: | \$0.00 | \$67,700.00 | \$0.00 |
| Creditor's Name 500 Sugar Mill Rd Ste 200B Atlanta, GA 30350 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only | 9413 Comstock Rd. Little Rock, AR 72209 Pulaski County FMV Based on 2018 county tax assessed. Debtor called county to verified and got figures over the phone on 02/01/2019 10% costs of sale= \$6770.00 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secucar loan) | red | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| 2.5 Home Point Financial C | Describe the property that secures the claim: | \$266,468.00 | \$254,500.00 | \$11,968.00 |

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| Debtor 1 Lona Dire | ese Kelly | | Case number (if known) | | | |
|--|--|---|------------------------|--|--|--|
| First Name | Middle N | lame Last Name | | | | |
| Creditor's Name | | 8132 Hillside Climb Way Snellville, GA 30039 Gwinnett County FMV based on 2018 tax asssessed. 10% costs of sale is \$25,450.00 | | | | |
| 4849 Greenvill Dallas, TX 752 Number, Street, City, S | 06 | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | | |
| Who owes the debt? C | check one. | Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | | | | |
| ■ Debtor 1 only ■ Debtor 2 only | | | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | | ☐ Statutory lien (such as tax lien, mechanic's lien ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | | |
| Date debt was incurred | Opened 04/17 Last Active 12/21/18 | Last 4 digits of account number 630 | 4 | | | |
| | | | | | | |
| Add the dollar value of | f your entries in C | Column A on this page. Write that number here: | \$374,674.00 | | | |
| If this is the last page Write that number here | | the dollar value totals from all pages. | \$374,674.00 | | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | Document | Page 27 of | 69 | | |
|------------------------|---|---|---|--|--|--|--|
| Fill | in this inform | nation to identify your case | e: | | | | |
| Deb | otor 1 | Lona Direese Kelly | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ted States Bar | nkruptcy Court for the: N | ORTHERN DISTRICT OF G | EORGIA | | | |
| | se number | | | | | | |
| (if kn | lown) | | | | | _ | ck if this is an nded filing |
| ∩ff | icial Form | 106E/E | | | | | |
| | | | Have Unsecured | l Claims | | | 12/15 |
| Sche Sche eft. / | edule G: Execut edule D: Credito | ory Contracts and Unexpired ors Who Have Claims Secured tinuation Page to this page. If | could result in a claim. Also Leases (Official Form 106G). I by Property. If more space is you have no information to re | Do not include any cre needed, copy the Par | editors with partially s t you need, fill it out, i | ecured claims that number the entries | at are listed in s in the boxes on the |
| Par | t 1: List Al | of Your PRIORITY Unsec | ured Claims | | | | |
| 1. | Do any credito | rs have priority unsecured cla | aims against you? | | | | |
| | ☐ No. Go to Pa | art 2. | | | | | |
| | Yes. | | | | | | |
| | identify what typ possible, list the | e of claim it is. If a claim has bo claims in alphabetical order ac | a creditor has more than one prious the priority and nonpriority amour cording to the creditor's name. If lar claim, list the other creditors | nts, list that claim here a f you have more than tv | and show both priority a | and nonpriority amo | unts. As much as |
| | (For an explana | tion of each type of claim, see t | he instructions for this form in the | e instruction booklet.) | | | |
| | | , | | , | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | Dept. of Revenue | Last 4 digits of accou | unt number | \$0.00 | \$0.0 | 90.00 |
| | • | ditor's Name otcy Unit | When was the debt in | ncurred? | | _ | |
| | | ntury Blvd. Suite 17200 GA 30345 | | | | | |
| | | reet City State ZIp Code | As of the date you file | e, the claim is: Check | all that apply | | |
| | Who incurred | the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 o | nly | ☐ Unliquidated | | | | |
| | Debtor 2 or | nly | ☐ Disputed | | | | |
| | Debtor 1 a | nd Debtor 2 only | Type of PRIORITY un | secured claim: | | | |
| | ☐ At least on | e of the debtors and another | ☐ Domestic support of | obligations | | | |
| | ☐ Check if th | nis claim is for a community (| debt Taxes and certain of | other debts you owe the | government | | |
| | | ubject to offset? | _ | personal injury while y | | | |
| | ■ No □ Yes | | Other. Specify | | | | _ |
| | | | | | | | |

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| Debto | Lona Direese Kelly | | Case number (if known) | | |
|----------|--|--|--|---------------------|--------------|
| 2.2 | Internal Revenue Service | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 |
| | Priority Creditor's Name 401 W Peachtree St. NW Stop 334-D Atlanta. GA 30308 | When was the debt incurred? | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | | |
| , | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| 1 | Debtor 2 only | □ Disputed | | | |
| | □ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | |
| 1 | ☐ Check if this claim is for a community debt | Taxes and certain other debts you | owe the government | | |
| | s the claim subject to offset? | ☐ Claims for death or personal injury | while you were intoxicated | | |
| | No | Other. Specify | | | |
| | ☐ Yes | | | | |
| Part 2 | 2: List All of Your NONPRIORITY Unsecu | red Claims | | | |
| 3. D | o any creditors have nonpriority unsecured claim | is against you? | | | |
| | No. You have nothing to report in this part. Submit | this form to the court with your other sche | edules. | | |
| | Yes. | , | | | |
| _ | • res. | | | | |
| ur th | st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each c an one creditor holds a particular claim, list the other art 2. | laim. For each claim listed, identify what t | ype of claim it is. Do not list claims alrea | ady included in Par | t 1. If more |
| | | | | Total clair | m |
| 4.1 | Afni, Inc. | Last 4 digits of account number | 3466 | | \$62.00 |
| | Nonpriority Creditor's Name | _ | | | <u> </u> |
| | Po Box 3097 Bloomington, IL 61702 | When was the debt incurred? | Opened 11/16 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did | d not | |
| | Is the claim subject to offset? | Debts to pension or profit-sharin | a plans, and other similar debts | | |
| | ■ No | · · · | • | | |
| | ☐ Yes | Other. Specify Collection | Attorney Comcast | | |

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Debtor 1 Lona Direese Kelly Case number (if known) 4.2 **Barclays Bank Delaware** Last 4 digits of account number 5292 \$3,147.00 Nonpriority Creditor's Name Opened 03/18 Last Active P.o. Box 8803 When was the debt incurred? 12/22/18 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.3 Capital One Bank Usa N Last 4 digits of account number 9592 \$508.00 Nonpriority Creditor's Name Opened 09/14 Last Active 15000 Capital One Dr When was the debt incurred? 1/05/19 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 Credit One Bank Na Last 4 digits of account number 5483 \$1,128.00 Nonpriority Creditor's Name Opened 08/16 Last Active Po Box 98872 When was the debt incurred? 1/06/19 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts

Official Form 106 E/F

☐ Yes

■ Other. Specify Credit Card

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Debtor 1 Lona Direese Kelly Case number (if known) 4.5 Credit One Bank Na Last 4 digits of account number 3585 \$955.00 Nonpriority Creditor's Name Opened 01/18 Last Active Po Box 98872 When was the debt incurred? 12/23/18 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card 4.6 **Dept Of Ed/navient** Last 4 digits of account number 0722 \$83,369.00 Nonpriority Creditor's Name Opened 07/13 Last Active Po Box 9635 When was the debt incurred? 11/27/18 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.7 Dept Of Ed/navient Last 4 digits of account number 0831 \$3,615.00 Nonpriority Creditor's Name Opened 08/15 Last Active Po Box 9635 When was the debt incurred? 5/22/18 Wilkes Barre, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Educational

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| Debtor 1 Lona Direese Kelly | | —————————————————————————————————————— | Case number (if known) | | |
|-----------------------------|---|---|---|------------|--|
| 4.8 | Dept Of Ed/navient | Last 4 digits of account number | 0925 | \$2,041.00 | |
| | Nonpriority Creditor's Name Po Box 9635 Wilkes Barre, PA 18773 | When was the debt incurred? | Opened 09/18 Last Active 12/31/18 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | ☐ Other. Specify | | | |
| | | Educationa | ıl | | |
| 4.9 | Discover Fin Svcs Llc Nonpriority Creditor's Name | Last 4 digits of account number | 4313 | \$1,398.00 | |
| | Po Box 15316 Wilmington, DE 19850 | When was the debt incurred? | Opened 02/16 Last Active 1/06/19 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.1 | Macys/dsnb | Last 4 digits of account number | 7758 | \$511.00 | |
| | Nonpriority Creditor's Name | _ | 0 | | |
| | Po Box 8218 Mason, OH 45040 | When was the debt incurred? | Opened 09/18 Last Active 12/12/18 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |

■ No

☐ Yes

■ Other. Specify Charge Account

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Lona Direese Kelly 4.1 Nordstrom/td Bank Usa 1560 \$2,172.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/17 Last Active 13531 E Caley Ave When was the debt incurred? 12/23/18 Englewood, CO 80111 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.1 Onemain 6354 \$4.072.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/18 Last Active Po Box 1010 When was the debt incurred? 12/19/18 Evansville, IN 47706 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other, Specify 4.1 **Patriot Fin** 1007 \$8,995.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 3/29/18 Last Active 2500 Cumberland Parkway Se When was the debt incurred? 12/26/18 Atlanta, GA 30339 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured

Official Form 106 E/F

☐ Yes

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| Debt | Lona Direese Kelly | —————————————————————————————————————— | Case number (if known) | n) | | |
|----------|---|---|--|------------|--|--|
| 4.1 4 | Syncb/amazon Nonpriority Creditor's Name | Last 4 digits of account number | 1595 | \$1,022.00 | | |
| | Po Box 965015 Orlando, FL 32896 | When was the debt incurred? | Opened 05/17 Last Active 12/23/18 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.1 5 | Syncb/ashley Homestore Nonpriority Creditor's Name | Last 4 digits of account number | 5815 | \$944.00 | | |
| | C/o Po Box 965036 Orlando, FL 32896 | When was the debt incurred? | Opened 02/16 Last Active 1/06/19 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.1 | Syncb/jcp Nonpriority Creditor's Name | Last 4 digits of account number | 5983 | \$676.00 | | |
| | Po Box 965007 Orlando, FL 32896 | When was the debt incurred? | Opened 01/16 Last Active 1/06/19 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | = 1 | | | |
| | ☐ Yes | ■ Other. Specify Charge Acc | count | | | |

Official Form 106 E/F

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| Debt | or 1 Lona Direese Kelly | | Case number (if known) | | | |
|----------|--|--|---|------------|--|--|
| 4.1 7 | Syncb/old Navy | Last 4 digits of account number | 3931 | \$283.00 | | |
| | Nonpriority Creditor's Name Po Box 965005 Orlando, FL 32896 | When was the debt incurred? | Opened 07/16 Last Active 12/23/18 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Charge Acc | count | | | |
| 4.1 8 | Syncb/tjx Cos | Last 4 digits of account number | 2858 | \$500.00 | | |
| | Nonpriority Creditor's Name | | Opened 05/17 Last Active | | | |
| | Po Box 965015 Orlando, FL 32896 | When was the debt incurred? | 1/06/19 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Charge Acc | count | | | |
| 4.1 9 | Thd/cbna | Last 4 digits of account number | 8927 | \$3,455.00 | | |
| | Nonpriority Creditor's Name Po Box 6497 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 06/16 Last Active 1/05/19 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐Yes | ■ Other. Specify Charge Acc | count | | | |
| | | . , | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Lona Direese Kelly

| have more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out | | ditional creditors here. If you do not have additional persons to be |
|--|---------------------------------|---|
| Name and Address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101 | | u list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address U.S. Attorney General 950 Pennsylvania Avenue, NW Washington, DC 20530 | | ul list the original creditor? ■ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last + digits of account number | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|--|-----|-------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | , , | | · — | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | • | 0.00 |
| | 06. | Total Friority. Add lines od tillough od. | oe. | \$ | 0.00 |
| | | | | | |
| | 6f. | Student loans | 6f. | \$ | Total Claim |
| Total | 01. | ottuent loans | OI. | Φ | 89,025.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 6g. | \$ | 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ —— | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | · | |
| | 0 | here. | 0 | \$ | 29,828.00 |
| | | | | | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 118,853.00 |
| | | | | | |

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| Fill in this infor | rmation to identify your | case: | | |
|---------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1 | Lona Direese Kel | lly | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have the street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | 2 0000 | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | Oity | | Olate | Zii Oode | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |

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| | | Docume | ent Page 37 d | ot 69 | |
|----------------------------|--|---|---------------------------|---------------------------|---|
| Fill in thi | s information to identify your | case: | | | |
| | | | | | |
| Debtor 1 | Lona Direese Ke | Middle Name | Last Name | | |
| Dahtaro | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fi | iling) First Name | Middle Name | Last Name | | |
| (орошоо, | g) | madio Hamo | Zaot Hamo | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | | |
| _ | | | | | |
| Case nun | nber | | | | Charle William |
| (II KIIOWII) | | | | | Check if this is an |
| | | | | | amended filing |
| Ott: ~: ~ | J Form 10011 | | | | |
| | al Form 106H | | | | |
| Sche | dule H: Your Cod | lebtors | | | 12/15 |
| | | | | | |
| fill it out, your nam | and number the entries in the e and case number (if known | boxes on the left. Attach). Answer every question | n the Additional Page t | o this page. On the top o | eded, copy the Additional Page, of any Additional Pages, write |
| 1. Do | you have any codebtors? (If | you are filing a joint case, | do not list either spouse | as a codebtor. | |
| ■ No |) | | | | |
| □Ye | 9S | | | | |
| | | | | | |
| | thin the last 8 years, have yo | | | | states and territories include |
| Arizo | na, California, Idaho, Louisiana | , Nevada, New Mexico, Pu | erto Rico, Texas, Wash | ington, and Wisconsin.) | |
| = | 0 | | | | |
| | o. Go to line 3. | | | | |
| ⊔ Ye | es. Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | |
| | | | | | |
| in lin Form | e 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor | | | Column 2: The credi | tor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | IP Code | | Check all schedules | |
| | | | | _ | |
| 3.1 | | | | Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | e |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| | , | | | | |
| 0.0 | | | | Пол | |
| 3.2 | Namo | | | Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | e |
| | | | | ☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information | to identify your ca | ise. | | | | | | | | | |
|--------------------|--|----------------------------------|--|--------------------------|---|-----------|-----------------|----------------------|------------------------|------------------------|----------------------------------|-----------------|
| | otor 1 | Lona Direes | | | | | | | | | | |
| | otor 2 ouse, if filing) | | | | | | | | | | | |
| Uni | ted States Bankrup | otcy Court for the: | NORTHERN DISTRIC | CT OF GE | ORGIA | | _ | | | | | |
| | se number | | | - | | | | □ A | | d filing ent show | ing postpetition following date: | chapter |
| 0 | fficial Form | 106 <u>l</u> | | | | | | N | 1M / DD/ Y | YYY | | |
| S | chedule I: | Your Inco | ome | | | | | | | | | 12/15 |
| sup spo atta | plying correct info use. If you are se ch a separate she | ormation. If you parated and you | ible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi | ng jointly ith you, d | , and your spo o not include | ouse i | s livi natio | ing with on about | you, inclu your spo | ude info ouse. If r | rmation about nore space is i | your needed, |
| 1. | Fill in your emp information. | loyment | | Debtor | 1 | | | | Debtor 2 | or non- | -filing spouse | |
| | If you have more | | Employment status | ■ Emp | oloyed | | | | ■ Emplo | oyed | | |
| | attach a separate page with information about additional | Employment status | ☐ Not | ☐ Not employed | | | | ☐ Not employed | | | | |
| | employers. | | Occupation | OP Su | pervisor | | | | Contrac | ctor | | |
| | Include part-time self-employed we | | Employer's name | Kaise | Foundation | HP (| GA I | nc. | | | | |
| | Occupation may or homemaker, if | | Employer's address | 3495 F | Piedmont Ce Piedmont Ro a, GA 30305 | l. NE | | | | | | |
| Par | t 2: Give De | etails About Mon | How long employed the | here? | Since 12/2 | 2017 | | | _8 | ince A | ugust 2018 | |
| | | ome as of the da | ate you file this form. If y | you have | nothing to repo | ort for a | any I | ine, write | s \$0 in the | space. I | nclude your nor | n-filing |
| | u or your non-filing e space, attach a s | | re than one employer, co | ombine the | e information fo | or all e | mplo | yers for | that perso | n on the | lines below. If y | ou need |
| | | | | | | | | For Del | otor 1 | | ebtor 2 or iling spouse | |
| 2. | | | ry, and commissions (be calculate what the monthl | | | 2. | \$ | 5 | ,587.44 | \$ | 2,200.00 | |
| 3. | Estimate and lis | st monthly overti | me pay. | | | 3. | +\$ | | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross | Income. Add lin | e 2 + line 3. | | | 4. | \$ | 5,58 | 87.44 | \$_ | 2,200.00 | |

Official Form 106I Schedule I: Your Income page 1

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| Debt | or 1 | Lona Direese Kelly | | С | case r | number (if known) | _ | | | |
|------|------|---|------------|-----|-------------|-------------------|------|--------------|-------------|----------|
| | | | | | | | | | | |
| | | | | | For | Debtor 1 | | For Debtor | 2 or | |
| | | | | | | | | non-filing s | | |
| | Cop | by line 4 here | 4. | _ | \$ | 5,587.44 | _ | | ,200.00 | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | | \$ | 815.45 | | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ _ | 106.25 | | \$ | 0.00 | • |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | \$ | 0.00 | | \$ | 0.00 | - |
| | 5d. | Required repayments of retirement fund loans | 5d. | | <u>\$</u> — | 0.00 | | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | | <u>*</u> — | 460.63 | | \$ | 0.00 | • |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | | \$ | 0.00 | | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: life | 5h. | | \$ | 4.77 | + | \$ | 0.00 | |
| | | ADD | _ | | \$ | 1.30 | | \$ | 0.00 | |
| | | vol prog | _ | | \$ | 21.45 | | \$ | 0.00 | |
| | | dep life | _ | | \$ | 1.30 | | \$ | 0.00 | • |
| | | dep add | | | \$ | 0.43 | | \$ | 0.00 | • |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | ; | \$ | 1,411.58 | | \$ | 0.00 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | ; | \$ | 4,175.86 | | \$2 | ,200.00 | - |
| 8. | List | all other income regularly received: | | | | | | | | |
| | 8a. | Net income from rental property and from operating a business, | | | | | | | | |
| | | profession, or farm | | | | | | | | |
| | | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | | \$ | 0.00 | | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | | \$ | 0.00 | | \$ | 0.00 | • |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | | | | | - | | • |
| | | regularly receive | | | | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce | 0.0 | | φ | 0.00 | | ¢. | 0.00 | |
| | 8d. | settlement, and property settlement. Unemployment compensation | 8c. 8d. | | \$ | 0.00 | | \$ | 0.00 | = |
| | 8e. | Social Security | 8e. | | \$ _ | 0.00 | | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive | oe. | • | Ψ | 0.00 | | Ψ | 0.00 | |
| | Oi. | Include cash assistance and the value (if known) of any non-cash assistance | | | | | | | | |
| | | that you receive, such as food stamps (benefits under the Supplemental | | | | | | | | |
| | | Nutrition Assistance Program) or housing subsidies. | | | _ | | | • | | |
| | | Specify: | _ 8f. | | \$ | 0.00 | | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | | \$ | 0.00 | | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | _ 8h. | .+ | Φ_ | 0.00 | + | \$ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | ; | 0.00 | | \$ | 0.00 |) |
| | | | _ | | | | ı L | | 1 | |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | \$ | 4 | 4,175.86 + \$ | | 2,200.00 | = \$ | 6,375.86 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | | | | | | | | |
| 11. | Stat | te all other regular contributions to the expenses that you list in Schedule | J. | | | | | | | |
| | | ude contributions from an unmarried partner, members of your household, your | | nde | ents, | your roommate | s, a | and | | |
| | | er friends or relatives. | 11 - 1 | | | | | O-11-1 | | |
| | Spe | not include any amounts already included in lines 2-10 or amounts that are not a | avalla | bie | to pa | ay expenses iis | tea | | ∍ J. +\$ | 0.00 |
| | Spe | | | | | | | - ''' | | 0.00 |
| 12. | Add | I the amount in the last column of line 10 to the amount in line 11. The resi | ult is t | the | com | bined monthly | inco | ome. | | |
| | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | • | 6,375.86 |
| | appl | lies | | | | | | 12. | Φ | 0,373.00 |
| | | | | | | | | | Combin | |
| 10 | D | you expect on increase or degrees within the year often you file this format | 2 | | | | | | monthl | y income |
| 13. | ַ סט | you expect an increase or decrease within the year after you file this form? | • | | | | | | | |
| | | No. | | | | | | | | |

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| Fill | in this informa | tion to identify yo | our case: | | | 1 | | |
|-----------|---|---------------------------------------|------------------------|--|--|--------------|-------------------------------------|-------------------------------|
| | otor 1 | Lona Direes | | | | Che | ck if this is: | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Lona Direes | e Kelly | | | | An amended filing | |
| | otor 2 | | | | | | A supplement show 13 expenses as of | ving postpetition chapter |
| `` | ouse, if filing) | | | | | | 13 expenses as or | the following date. |
| Unit | ted States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF GEO | RGIA | | MM / DD / YYYY | |
| | se number | | | | | | | |
| (If K | nown) | | | | | | | |
| O | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | nses | | | | 12/15 |
| Be | as complete a | and accurate as | possible eded, atta | . If two married people ar ich another sheet to this | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | ehold | | | | | |
| ٠. | ■ No. Go to | | | | | | | |
| | | | in a separ | ate household? | | | | |
| | □N | 0 | | | | | | |
| | ПΥ | es. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | _ 3 | Yes |
| | | | | | Son | | 16 | □ No ■ Yes |
| | | | | | | | | ■ res □ No |
| | | | | | Daughter | | 17 | ■ Yes |
| | | | | | | | | □ No |
| 3. | Do vour exr | enses include | _ | | | | _ | ☐ Yes |
| 0. | expenses o | f people other t | han 👝 | No Yes | | | | |
| | yourself and | d your depende | nts? | 163 | | | | |
| Est | imate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance i cluded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| (0) | noiai i oini i o | ,01.) | | | | | , and the second | |
| 4. | | or home owners and any rent for th | | ses for your residence. I or lot. | nclude first mortgag | e 4. | \$ | 2,040.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | 4b. Prope | rty, homeowner's | | | | 4b. | \$ | 0.00 |
| | | | • | upkeep expenses | | 4c. | | 25.00 |
| 5. | | owner's associa nortgage paym | | dominium dues our residence, such as ho | me equity loans | 4d. 5. | · | 27.91 0.00 |
| | | | | | | ٠. | · · | 0.00 |

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| Lona Direese Kelly | Case number (if known) | |
|---|-----------------------------|-------------------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 300.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 70.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 350.00 |
| 6d. Other. Specify: | 6d. \$ | 0.00 |
| Food and housekeeping supplies | 7. \$ | 560.00 |
| Childcare and children's education costs | 8. \$ | 476.00 |
| Clothing, laundry, and dry cleaning | 9. \$ | 50.00 |
| O. Personal care products and services | 10. \$ | 50.00 |
| Medical and dental expenses | 11. \$ | 5.00 |
| 2. Transportation. Include gas, maintenance, bus or train fare. | ··· • | 0.00 |
| Do not include car payments. | 12. \$ | 190.00 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| Charitable contributions and religious donations | 14. \$ | 0.00 |
| 5. Insurance. | · — | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 200.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| 5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | 0.00 |
| Specify: ad vol | 16. \$ | 2.00 |
| 7. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 729.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Sche | dule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: Husband's contracting expenses | 21. +\$ | 500.00 |
| | | |
| NFS's credit card payments | + \$ | 800.00 |
| 2. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 6,374.91 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 6,374.91 |
| 220.7. tab o 22d drid 220. The reductio your monthly experience. | L* | 0,314.31 |
| 3. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 6,375.86 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 6,374.91 |
| | | |
| 23c. Subtract your monthly expenses from your monthly income. | | 0.05 |
| The result is your monthly net income. | 23c. \$ | 0.95 |
| | | |
| 4. Do you expect an increase or decrease in your expenses within the year after yo | | o or dooroos - b · · |
| For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? | mortgage payment to increas | e or decrease because o |
| _ | | |
| ■ No. | | |
| Yes. Explain here: | | |

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| Fill in this inform | mation to identify your c | ase: | | |
|-----------------------------------|---|-----------------------|--|--|
| Debtor 1 | Lona Direese Kell | у | | |
| Debtor 2 | First Name | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | _ |
| United States Ba | nkruptcy Court for the: | NORTHERN DISTR | RICT OF GEORGIA | _ |
| Case number _ | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| Official Fo | rm 108 | | | |
| | | n for Indivi | duals Filing Under Ch | apter 7 12/15 |
| | | | | • |
| | ividual filing under char e claims secured by you | - | out this form if: | |
| _ | e claims secured by you sed personal property a | | t expired. | |
| You must file thi | s form with the court wi ever is earlier, unless the | thin 30 days after y | ou file your bankruptcy petition or by the time for cause. You must also send copie | |
| | eople are filing together ad date the form. | in a joint case, botl | n are equally responsible for supplying co | rrect information. Both debtors must |
| | | | needed, attach a separate sheet to this for | m. On the top of any additional pages, |
| write ye | our name and case num | ber (if known). | | |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | |
| 1. For any credite information be | | rt 1 of Schedule D: | Creditors Who Have Claims Secured by P | roperty (Official Form 106D), fill in the |
| | editor and the property th | at is collateral | What do you intend to do with the prope secures a debt? | rty that Did you claim the property as exempt on Schedule C? |
| | | | secures a debt : | as exempt on schedule C? |
| Creditor's B | luegreen Corp | | | □No |
| name: | naogroon oo p | | Surrender the property.Retain the property and redeem it. | L No |
| Description of | 4960 Conference W | lay Boca | Retain the property and enter into a | ■ Yes |
| property | Raton, FL 33431 P | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | County Florida Timeshare | | | |
| | | | | |
| Creditor's C | hase Mortgage | | ☐ Surrender the property. | □No |
| name: | 0.0 | | Retain the property and redeem it. | _ |
| Description of | 9413 Comstock Rd | . Little Rock, | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property | AR 72209 Pulaski | • | Retain the property and [explain]: | |
| securing debt: | FMV Based on 2018 assessed. | 8 county tax | | |
| | Debtor called coun | | | |
| | and got figures ove on 02/01/2019 | er the phone | | |
| | 10% costs of sale= | \$6770.00 | | |
| | | | | |

Creditor's Chrysler Capital

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Lona | Direese Kelly | Case number (if kr | nown) |
|---|---|--|--|
| name: Description of property securing debt: | 2017 Dodge Durango 35000 miles Location: 8132 Hillside Climb Way, Snellville GA 30039 | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No ■ Yes |
| name: Description of property securing debt: | ome Point Financial C 8132 Hillside Climb Way Snellville, GA 30039 Gwinnett County FMV based on 2018 tax asssessed. 10% costs of sale is \$25,450.00 | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No ■ Yes |
| For any unexpire in the information | n below. Do not list real estate leases. U | d in Schedule G: Executory Contracts and Unex nexpired leases are leases that are still in effect f the trustee does not assume it. 11 U.S.C. § 365 | t; the lease period has not yet ended. |
| Describe your u | nexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: Description of lea Property: Lessor's name: Description of lea | | | □ No □ Yes □ No |
| Property: Lessor's name: Description of lea Property: | sed | | ☐ Yes ☐ No ☐ Yes |
| Lessor's name: Description of lea Property: | sed | | □ No □ Yes |
| Lessor's name: Description of lea Property: | sed | | □ No □ Yes |
| Lessor's name: Description of lea Property: | sed | | □ No |
| Lessor's name: Description of lea Property: | | | □ No |
| Part 3: Sign B | elow | | |

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Official Form 108

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| Del | btor 1 | Lona Direese Kelly | Case number (if known) |
|-----|--------|---|------------------------|
| Х | /s/ Lo | na Direese Kelly | X |
| | | Direese Kelly ure of Debtor 1 | Signature of Debtor 2 |
| | Date | February 1, 2019 | Date |

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| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|------------|--------------------------------------|
| Debtor 1 | Lona Direese Kel | ly | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets of what you own |
|-----|--|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 198,950.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 35,240.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 234,190.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 374,674.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 118,853.00 |
| | Your total liabilities | \$ | 493,527.00 |
| Paı | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 6,375.86 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 6,374.91 |
| Pai | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | r other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Lona Direese Kelly

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,372.37

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total | claim |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 89,025.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 89,025.00 |

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| Fill in thi | is information to identify your | case: | | | |
|---------------------------|----------------------------------|--------------------------|------------------------------|---|-----------------------|
| Debtor 1 | Lona Direese Kel | ly | | | |
| D.1. | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, f | | Middle Name | Last Name | | |
| | | NODTHERN DICTRIC | T OF OFOROM | | |
| United St | tates Bankruptcy Court for the: | NORTHERN DISTRIC | I OF GEORGIA | | |
| Case nur | mber | | | | |
| (if known) | | | | | eck if this is an |
| | | | | am | nended filing |
| | | | | | |
| Official | l Form 106Dec | | | | |
| | aration About a | n Individua | l Dobtor's Sc | hadulas | |
| Deci | aration About a | iii iiidividaa | Deploi 3 30 | iledules | 12/15 |
| f two ma | rried people are filing togethe | r. both are equally resp | onsible for supplying corr | ect information. | |
| | | | | | _ |
| | | | | Making a false statement, concern fines up to \$250,000, or impriso | |
| | both. 18 U.S.C. §§ 152, 1341, 1 | | iki upicy case can result ii | in files up to \$230,000, or impriso | illilett for up to 20 |
| | | | | | |
| | . | | | | |
| | Sign Below | | | | |
| Did | you pay or agree to pay some | ono who is NOT an atto | rnov to boln you fill out b | ankruntev forme? | |
| Dia | you pay or agree to pay some | one who is NOT an acc | inley to help you fill out b | ankruptcy forms: | |
| | No | | | | |
| П | Yes. Name of person | | | Attach Bankruptcy Petitio | n Preparer's Notice. |
| | | | | Declaration, and Signatur | |
| | | | | | |
| Unde | er penalty of perjury, I declare | that I have read the sur | nmary and schedules filed | d with this declaration and | |
| | they are true and correct. | | • | | |
| Х | /s/ Lona Direese Kelly | | Х | | |
| _ | Lona Direese Kelly | | Signature of | Debtor 2 | |
| | Signature of Debtor 1 | | - | | |
| 1 | Date February 1, 2019 | | Date | | |
| | rebluary 1, 2019 | | | | |

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

| In re | Lona Direese Kelly | | Case No. | |
|-------|--|--|-----------------------|-------------------------------------|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPENSAT | ION OF ATTORN | NEY FOR DE | BTOR(S) |
| C | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cerompensation paid to me within one year before the filing of the erendered on behalf of the debtor(s) in contemplation of or in contemplation. | petition in bankruptcy, or | r agreed to be paid t | to me, for services rendered or to |
| | For legal services, I have agreed to accept | | . \$ | 2,360.00 |
| | Prior to the filing of this statement I have received | | \$ | 360.00 |
| | Balance Due | | . \$ | 2,000.00 |
| 2. \$ | 0.00 of the filing fee has been paid. | | | |
| 3. T | he source of the compensation paid to me was: | | | |
| | ✓ Debtor | | | |
| 4. T | he source of compensation to be paid to me is: | | | |
| | ✓ Debtor | | | |
| 5. | I have not agreed to share the above-disclosed compensation | n with any other person un | nless they are memb | pers and associates of my law firm. |
| | I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the | | | |
| 6. I | n return for the above-disclosed fee, I have agreed to render leg | gal service for all aspects of | of the bankruptcy ca | ase, including: |
| | Representation of the debtor in adversary proceedings and off [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications as respectively. 522(f)(2)(A) for avoidance of liens on household | to market value; exem needed; preparation a | nption planning; | |
| 7. B | y agreement with the debtor(s), the above-disclosed fee does no Representation of the debtors in any discharge any other adversary proceeding. | | | es, relief from stay actions or |
| | CER | TIFICATION | | |
| | certify that the foregoing is a complete statement of any agreen nkruptcy proceeding. | nent or arrangement for pa | ayment to me for re | presentation of the debtor(s) in |
| Fe | bruary 1, 2019 | /s/ J. Keith Cornwel | | |
| Da | - | J. Keith Cornwell 9 Signature of Attorney Cornwell Law Firm 2180 Satellite Blvd | | |

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United States Bankruptcy Court Northern District of Georgia

| | | Northern District of Georgia | | |
|--------|----------------------------------|---|------------------|-----------------------|
| In re | Lona Direese Kelly | | Case No. | |
| | - | Debtor(s) | Chapter | 7 |
| | | | | |
| | VER | IFICATION OF CREDITOR M | IATRIX | |
| The ab | ove-named Debtor hereby verifies | that the attached list of creditors is true and cor | rect to the best | of his/her knowledge. |
| Date: | February 1, 2019 | /s/ Lona Direese Kelly | | |
| | | Lona Direese Kelly | | |

Signature of Debtor

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| _ | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit
AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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| Fill i | n this information to identify your case: | | | | | | | irected | in this form and in | Form |
|------------------|---|--|-------------------------------|-------------------------|-------------------------|---------------------|------------------------------------|-----------------------|--|------------------------|
| Deb | tor 1 Lona Direese Kelly | | | | 122 | 2A-1Sı | nbb: | | | |
| | tor 2 use, if filing) | | | | ı | □ 1. T | here is no pres | umptior | n of abuse | |
| | ed States Bankruptcy Court for the: Northern Di | strict of Geor | rgia | | | | | nade ur | mine if a presump nder <i>Chapter 7 Me</i> rm 122A-2). | |
| (if kno | e number wn) | | | | ı | ⊐ 3. T | he Means Test | does n | ot apply now beca | |
| | | | | | | | eck if this is a | <u>'</u> | | , |
| ∩ff | icial Form 122A - 1 | | | | | _ 0 | ook ii tiilo lo d | iii aiiio | naca ming | |
| | apter 7 Statement of Your | Curren | t Moi | athly | , Inc | οm | Δ | | | 10/15 |
| CII | apter / Statement or Tour | Curren | it ivioi | шпу | 1110 | OIII | <u> </u> | | | 12/15 |
| attach case i | complete and accurate as possible. If two married p that separate sheet to this form. Include the line numb number (if known). If you believe that you are exemp fying military service, complete and file Statement of the Calculate Your Current Monthly Income | per to which the ted from a pre Exemption from | he addition | nal infori of abus | mation a | pplies se you | . On the top of a do not have prin | ny addit narily co | ional pages, write y onsumer debts or b | our name and ecause of |
| 1. | What is your marital and filing status? Check | one only. | | | | | | | | |
| • | □ Not married. Fill out Column A, lines 2-11. | ono only. | | | | | | | | |
| | ☐ Married and your spouse is filing with you. | . Fill out both | Columns | A and I | 3. lines | 2-11. | | | | |
| | ■ Married and your spouse is NOT filing with | | | | - | | | | | |
| | Living in the same household and are no | • | • | • | | lumna | A and D. lines (| 2 4 4 | | |
| | _ | | | | | | | | | |
| | ☐ Living separately or are legally separate penalty of perjury that you and your spous living apart for reasons that do not include | e are legally | separated | d under | nonban | kruptc | y law that appli | es or th | | |
| 10 th | ill in the average monthly income that you received fr 01(10A). For example, if you are filing on September 15, e 6 months, add the income for all 6 months and divide the pouses own the same rental property, put the income from | the 6-month pe he total by 6. F | eriod would fill in the re | l be Marc sult. Do r | h 1 throu not includ | ıgh Aug de any i | gust 31. If the amount m | ount of your | our monthly income once. For example, | varied during if both |
| | | | | | | Colur Debte | | | mn B or 2 or filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, over payroll deductions). | rtime, and c | ommissio | ons (bef | ore all | \$ | 5,588.62 | \$ | 2,783.75 | |
| 3. | Alimony and maintenance payments. Do not in | nclude pavm | ents from | a spous | se if | Ψ | | Ψ | <u> </u> | |
| - | Column B is filled in. | | | | | \$ | 0.00 | \$ | 0.00 | |
| 4. | All amounts from any source which are regular of you or your dependents, including child suffrom an unmarried partner, members of your hou and roommates. Include regular contributions fro filled in. Do not include payments you listed on line | ipport. Includisehold, your maspouse of | de regulai depende | contrib nts, par | utions ents, | \$ | 0.00 | \$ | 0.00 | |
| 5. | Net income from operating a business, profes | ssion, or far | | | | | | | | |
| | | \$ | 0.00 | otor 1 | | | | | | |
| | Gross receipts (before all deductions) | Ф -\$ | 0.00 | | | | | | | |
| | Ordinary and necessary operating expenses | · - | | Copy I | here -> | \$ | 0.00 | \$ | 0.00 | |
| 6 | Net monthly income from a business, profession, Net income from rental and other real propert | _ | | оору . | 10.0 | Ψ | | Ψ | | |
| 0. | Net income from rental and other real propert | y | Deb | otor 1 | | | | | | |
| | Gross receipts (before all deductions) | \$ | | 8.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 56 | 8.00 | | | | | | |
| | Net monthly income from rental or other real | | | | Сору | | | | | |
| | property | \$ | | 0.00 H | nere -> | \$ | 0.00 | \$ | 0.00 | |
| 7 | Interest, dividends, and royalties | | | | | \$ | 0.00 | \$ | 0.00 | |

Official Form 122A-1

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| | | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | |
|------|---|---|--------------|-------------------|-------------|--------------------------------|------------------------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 |
| | Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here: | t received was a bene | efit under | | | | |
| | For you \$ | 0 | .00 | | | | |
| | For your spouse \$ | | .00 | | | | |
| | Pension or retirement income. Do not include any an benefit under the Social Security Act. | | | \$ | 0.00 | \$ | 0.00 |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or payme manity, or internationa a separate page and p | nts al or | \$ | 0.00 | \$ \$ | 0.00 |
| | Total amounts from separate pages, if any. | | — + | \$ | 0.00 | \$ | 0.00 |
| | , , , | | | Ψ | 1 | | |
| 11. | Calculate your total current monthly income. Add lir each column. Then add the total for Column A to the to | | \$ | 5,588.62 | + - | 2,783.75 | = \$ 8,372.37 |
| | | | | | J [| | Total current monthly income |
| Part | 2: Determine Whether the Means Test Applies t | o You | | | | | |
| 12. | Calculate your current monthly income for the year | . Follow these steps: | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сор | y line 11 | here=> | \$ 8,372.37 |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 |
| | | , | | | | 401 | 400 400 44 |
| | 12b. The result is your annual income for this part of the | e form | | | | 12b | 5. \$ 100,400.44 |
| 13. | Calculate the median family income that applies to | you. Follow these ste | ps: | | | | |
| | Fill in the state in which you live. | GA | | | | | |
| | Fill in the number of people in your household. | 5 | | | | | |
| | Fill in the median family income for your state and size | | | | | | \$88,910.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | | specified i | in the separa | ate instrud | ctions | |
| 14. | How do the lines compare? | | | | | | |
| | 14a. | n the top of page 1, c | heck box | 1, There is i | no presun | nption of abus | se. |
| | Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | 2, The pre | esumption of | abuse is | determined b | y Form 122A-2. |
| Part | 3: Sign Below | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information of | on this sta | atement and | in any att | achments is t | rue and correct. |
| | X /s/ Lona Direese Kelly | | | | | | |
| | Lona Direese Kelly | | | | | | |
| | Signature of Debtor 1 Date February 1, 2019 | | | | | | |
| | MM/DD/YYYY | | | | | | |
| | If you checked line 14a, do NOT fill out or file Form | n 122A-2. | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and f | ile it with this form. | | | | | |

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| Fill | in this information to identify your case: | Check the appropriate box as directed in |
|-------|--|--|
| Deb | otor 1 Lona Direese Kelly | lines 40 or 42: |
| | otor 2 puse, if filing) | According to the calculations required by this Statement: |
| ` . | ed States Bankruptcy Court for the: Northern District of Georgia | ■ 1. There is no presumption of abuse. |
| | | ☐ 2. There is a presumption of abuse. |
| | e numbernown) | |
| | | ☐ Check if this is an amended filing |
| | ficial Form 122A - 2 | |
| Ch | apter 7 Means Test Calculation | 04/16 |
| To fi | Il out this form, you will need your completed copy of Chapter 7 Stateme | ent of Your Current Monthly Income (Official Form 122A-1). |
| spac | s complete and accurate as possible. If two married people are filing tog the is needed, attach a separate sheet to this form, Include the line number tional pages, write your name and case number (if known). 11: Determine Your Adjusted Income | |
| 1. | Copy your total current monthly income. Copy line 11 fe | rom Official Form 122A-1 here=> \$ 8,372.37 |
| 2. | Did you fill out Column B in Part 1 of Form 122A-1? | |
| | ☐ No. Fill in \$0 for the total on line 3. | |
| | ■ Yes. Is your spouse Filing with you? | |
| | ■ No. Go to line 3. | |
| | ☐ Yes. Fill in \$0 for the total on line 3. | |
| 3. | Adjust your current monthly income by subtracting any part of your sphousehold expenses of you or your dependents. Follow these steps: | ouse's income not used to pay for the |
| | On line 11, Column B of Form 122A–1, was any amount of the income you rexpenses of you or your dependents? | eported for your spouse NOT regularly used for the household |
| | ☐ No. Fill in 0 for the total on line 3. | |
| | ■ Yes. Fill in the information below: | |
| | State each purpose for which the income was used | Fill in the amount you |
| | For example, the income is used to pay your spouse's tax debt or to | are subtracting from |
| | support other than you or your dependents. | your spouse's income |
| | NFS's credit cards | \$800.00 |
| | | \$ |
| | | \$ |
| | | 200.00 |
| | Total. | \$800.00 Copy total here=> \$ 800.00 |
| | | |
| 1 | | |

Official Form 122A-2

Adjust your current monthly income. Subtract line 3 from line 1.

7,572.37

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Debtor 1 Lona Direese Kelly Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

5

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 2,051.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ ______ **52**
- 7b. Number of people who are under 65 X **5**
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 260.00 Copy here=> \$ 260.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X **0**
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ ______**0.00 Copy here=> +\$ _____0.00**
- 7g. T**otal.** Add line 7c and line 7f________\$______\$

Copy total here=>

260.00

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Debtor 1 Lona Direese Kelly Case number (if known)

| Local Standards | You must use the IRS Local Standards to answer the questions in lines 8-15. |
|------------------|---|
| Local Otalidalus | Tou must use the mo Local Standards to answer the questions in lines of is. |

| Based on information from the IRS, the U.S. | Trustee Program has divided the IRS Local Standard for housing for |
|---|--|
| bankruptcy purposes into two parts: | |

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

9. Housing and utilities - Mortgage or rent expenses:

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Avera payme | ge monthly ent |
|------------------------------|----------------|-------------------|
| Chase Mortgage | \$ | 560.00 |
| Heritage Property Management | \$ | 27.91 |
| Home Point Financial C | \$ | 2,040.00 |

or rent expense). If this amount is less than \$0, enter \$0.

| | Total average monthly payment | \$ | 2,627.91 | Copy here=> | -\$ | 2,627.91 | Repeat this amount on line 33a. | |
|-----|--|-------------------|----------|----------------|-----|----------|---------------------------------|------|
| 9c. | Net mortgage or rent expense. | | | | | | | |
| | Subtract line 9b (total average monthly payment) from li | ine 9a (<i>m</i> | ortgage | • | | Сору | • | 0.00 |

0.00

\$

here=>

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0.00

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
 - ☐ 0. Go to line 14.
 - 1. Go to line 12.
 - 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 226.00

0.00

| | Documo | ent Page 59 o | f 69 | | | |
|----------|--|-----------------------------|------------------------|----------------------|--|------|
| Debtor 1 | Lona Direese Kelly | | Case numb | er (if known) | | |
| 13. | Vehicle ownership or lease expense: Using the IRS Loc You may not claim the expense if you do not make any loa more than two vehicles. | | | | | |
| Vel | hicle 1 Describe Vehicle 1: 2017 Dodge Durango Climb Way, Snellville | | n: 8132 F | lillside | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ | 497.00 | | |
| 13b. | Average monthly payment for all debts secured by Vehicle Do not include costs for leased vehicles. | 1. | | | | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mc bankruptcy. Then divide by 60. | | at | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | Chrysler Capital | \$ 608.33 | | | | |
| | Total Average Monthly Payment | \$608.33 | Copy here => | -\$608. | Repeat this amount on line 33b. | |
| | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$ | \$0, enter \$0. | \$ | 0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Vel | hicle 2 Describe Vehicle 2: | | | | | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | \$_ | 0.00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle leased vehicles. | 2. Do not include costs for | or | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | | \$ | | | | |
| | Total Average Monthly Payment | \$ | Copy here => -\$ | 0.00 | Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$ | \$0, enter \$0 | \$_ | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles <i>Transportation</i> expense allowance regardless of whether y | | | dards, fill in the F | Public \$ | 0.00 |
| 15. | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in not claim more than the IRS Local Standard for <i>Public Trans</i> | what you believe is the a | | | | 0.00 |

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| Oth | · · | In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories. | for | |
|-----|---|--|-----|----------|
| 16. | self-employment taxes, social your pay for these taxes. How | nount that you will actually owe for federal, state and local taxes, such as income taxes, al security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, sa | ales, or use taxes. | \$ | 812.93 |
| 17. | Involuntary deductions: The contributions, union dues, and | ne total monthly payroll deductions that your job requires, such as retirement and uniform costs. | | |
| | Do not include amounts that | are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include payme | onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 0.00 |
| 19. | | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | |
| | Do not include payments on | past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 |
| 20. | Education: The total month! as a condition for your job | ly amount that you pay for education that is either required: | | |
| | for your physically or mer | ntally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly | y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| | Do not include payments for | any elementary or secondary school education. | \$ | 476.00 |
| 22. | that is required for the health | enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7. | | |
| | Payments for health insurance | ce or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | for you and your dependents | ephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer. | | |
| | | basic home telephone, internet and cell phone service. Do not include self-employment borted on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses all Add lines 6 through 23. | owed under the IRS expense allowances. | \$ | 4,557.93 |

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| Add | itional | Expense Deductions These are additional | deduction | ns allowed by th | e Means Test. | | | | |
|-----|---|--|---------------------------|---|---|-----|--------|--|--|
| | Note: Do not include any expense allowances listed in lines 6-24. | | | | | | | | |
| 25. | 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, o your dependents. | | | | | | | | |
| | Health | insurance | \$ | 459.21 | | | | | |
| | Disabil | lity insurance | \$ | 0.00 | | | | | |
| | Health | savings account | + \$ | 0.00 | | | | | |
| | | | | | | | | | |
| | Total | | \$ | 459.21 | Copy total here=> | \$ | 459.21 | | |
| | Do you | actually spend this total amount? | | | | | | | |
| | | No. How much do you actually spend? | • | | | | | | |
| | | Yes | \$ | | | | | | |
| 26. | continu | nued contributions to the care of household ue to pay for the reasonable and necessary car ousehold or member of your immediate family ve contributions to an account of a qualified ABLI | e and supp who is una | port of an elderly ble to pay for su | y, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 | | |
| 27. | 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | | | | | |
| | By law | , the court must keep the nature of these exper | nses confid | dential. | | \$ | 0.00 | | |
| 28. | Additional | onal home energy costs. Your home energy of | costs are in | ncluded in your | insurance and operating expenses on | | | | |
| | | believe that you have home energy costs that a n fill in the excess amount of home energy costs | | nan the home er | nergy costs included in expenses on line | | | | |
| | | ust give your case trustee documentation of yout claimed is reasonable and necessary. | ur actual e | expenses, and y | ou must show that the additional | \$ | 0.00 | | |
| 29. | \$160.4 | ation expenses for dependent children who a 12* per child) that you pay for your dependent c elementary or secondary school. | | | | | | | |
| | | ust give your case trustee documentation of yo d is reasonable and necessary and not already | | | | | | | |
| | * Subje | ect to adjustment on 4/01/19, and every 3 years | after that | for cases begui | n on or after the date of adjustment. | \$ | 0.00 | | |
| 30. | higher | onal food and clothing expense. The monthly than the combined food and clothing allowance % of the food and clothing allowances in the IR | s in the IF | RS National Star | | | | | |
| | | d a chart showing the maximum additional allow tions for this form. This chart may also be avail | | | | | | | |
| | You m | ust show that the additional amount claimed is | reasonabl | e and necessar | у. | \$ | 0.00 | | |
| 31. | Contin instrun | nuing charitable contributions. The amount the nents to a religious or charitable organization. 2 | nat you wil 6 U.S.C. § | I continue to cor § 170(c)(1)-(2). | ntribute in the form of cash or financial | +\$ | 0.00 | | |
| 32. | | II of the additional expense deductions. nes 25 through 31. | | | | \$ | 459.21 | | |

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| Dedu | otions for Dobt Boymont | | | | | |
|-------------------|--|---|----------|--------------------------------------|-------------------------|----------------------------------|
| | ctions for Debt Payment | | | | | |
| | or debts that are secured by an interes | st in property that you own, including hom | ne mort | gages, vehicle | | |
| To | | ment, add all amounts that are contractually | due to e | each secured | | |
| | Mortgages on your home: | | | | | verage monthly |
| 33a. | Copy line 9b here | | | | => \$ | 2,627.91 |
| | Loans on your first two vehicles: | | | | | |
| 33b. | Copy line 13b here | | | | => \$ | 608.33 |
| 33c. | | | | | => \$ | 0.00 |
| 33d. | List other secured debts: | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | Does paymen include taxes insurance? | | |
| | | | | □ No | | |
| | -NONE- | | | ☐ No | ¢ | |
| - | | | | _ ites | \$. | |
| | | | | □ No | | |
| | | | | ☐ Yes | \$ | |
| - | | | | | | |
| | | | | □ No | | |
| | | | | ☐ Yes | - 1 | |
| - | | _ | | _ L res | _ +\$. | |
| - 33e. | Total average monthly payment. Add lin | es 33a through 33d | \$ | 3,236.24 | Copy total here=> | \$ 3,236.24 |
| 34. A r | re any debts that you listed in line 33 s | es 33a through 33d secured by your primary residence, a vehi pport or the support of your dependents? | cle, | | Copy | \$3,236.24 |
| 34. A r | re any debts that you listed in line 33 s other property necessary for your su | secured by your primary residence, a vehi | cle, | | Copy | \$3,236.24 |
| 84. Ar or | re any debts that you listed in line 33 souther property necessary for your su No. Go to line 35. Yes. State any amount that you must | secured by your primary residence, a vehipport or the support of your dependents? pay to a creditor, in addition to the payments sion of your property (called the cure amount) | cle, | | Copy | \$3,236.24 |
| 34. Ar or ■ | re any debts that you listed in line 33 so ther property necessary for your su No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess | secured by your primary residence, a vehipport or the support of your dependents? pay to a creditor, in addition to the payments sion of your property (called the cure amount) | cle, | | Copy | \$ 3,236.24 Monthly cure amount |
| 34. Ar or ■ | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor. | pay to a creditor, in addition to the payments sion of your property (called the cure amount information below. | cle, | 3,236.24 Total cure amount | Copy | Monthly cure |
| 34. Ar or | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor. | pay to a creditor, in addition to the payments sion of your property (called the cure amount information below. | cle, | 3,236.24 Total cure amount | Copy total here=> | Monthly cure |
| 34. Ar or | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor. | pay to a creditor, in addition to the payments ion of your property (called the <i>cure amount</i> information below. | cle, | 3,236.24 Total cure amount | Copy total here=> | Monthly cure amount |
| 34. Ar or □ | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor. | pay to a creditor, in addition to the payments ion of your property (called the <i>cure amount</i> information below. | cle, | 3,236.24 Total cure amount | Copy total here=> | Monthly cure amount |
| Name -NO | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the e of the creditor | pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i> information below. Identify property that secures the debt Total a priority tax, child support, or alimony | cle, | 3,236.24 Total cure amount | Copy total here=> | Monthly cure amount |
| Name -NO | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the confidence of the creditor. NE- | pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i> information below. Identify property that secures the debt Total a priority tax, child support, or alimony | cle, | 3,236.24 Total cure amount | Copy total here=> | Monthly cure amount |
| Name -NO ar | No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the control of the creditor. NE- O you owe any priority claims such as the past due as of the filing date of your No. Go to line 36. | pay to a creditor, in addition to the payments sion of your property (called the <i>cure amount</i> information below. Identify property that secures the debt Total a priority tax, child support, or alimony reparty case? 11 U.S.C. § 507. | cle, | 3,236.24 Total cure amount | Copy total here=> | Monthly cure amount |

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| Debtor 1 | Lona | a Direese Kelly | | Case n | umber (<i>if known</i>) | | | |
|--------------|----------------|--|----------------|-----------------|---------------------------|----------------|----------------|-------------|
| F | or more | eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available. | ics specified | | | | | |
| | No. | Go to line 37. | | | | | | |
| | ☐ Yes. | Fill in the following information. | | | | | | |
| | | Projected monthly plan payment if you were filing under | Chapter 13 | \$ | | | | |
| | | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for diand North Carolina) or by the Executive Office for Unite (for all other districts). | stricts in Ala | | | | | |
| | | To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office. | | | | Con | y total | |
| | | Average monthly administrative expense if you were fill | ng under Ch | apter 13 | \$ | | => \$ | |
| | | of the deductions for debt payment. es 33e through 36. | | | | | \$ | 3,236.24 |
| Tota | I Deduc | tions from Income | | | | | | |
| 38. A | Add all c | of the allowed deductions. | | | | | | |
| | | ne 24, All of the expenses allowed under IRS e allowances | \$ | 4,557.93 | | | | |
| | • | ne 32, All of the additional expense deductions | \$ | 459.21 | | | | |
| | | ne 37, All of the deductions for debt payment | +\$ | 3,236.24 | ٦ | | | |
| | | Total deductions | \$ | 8,253.38 | Copy total | here= | > \$ | 8,253.38 |
| Part 3: | Det | termine Whether There is a Presumption of Abuse | | | | | | |
| 39. C | Calculate | e monthly disposable income for 60 months | | | | | | |
| | 39a. Co | ppy line 4, adjusted current monthly income | \$ | 7,572.37 | | | | |
| | 39b. Co | ppy line 38, <i>Total deductions</i> | - \$ | 8,253.38 | | | | |
| | | onthly disposable income. 11 U.S.C. § 707(b)(2). obtract line 39b from line 39a | \$ | -681.01 | Copy here=>\$ | | -681.01 | |
| | For the | next 60 months (5 years) | | | | x 60 | | |
| | | | | | |] | | |
| | 39d. To | otal. Multiply line 39c by 60 | 39d. | \$ | 0,860.60 | Copy here=> | \$ | 0,860.60 |
| 40. F | ind out | whether there is a presumption of abuse. Check the | box that app | lies: | | - | | |
| | ■ The I | line 39d is less than \$7,700*. On the top of page 1 of the | is form, chec | k box 1, There | is no presui | mption of ab | ouse. Go to Pa | art 5. |
| [| | line 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5. | this form, ch | eck box 2, The | ere is a presi | umption of a | buse. You ma | ay fill out |
| | ☐ The I | line 39d is at least \$7,700*, but not more than \$12,850 | *. Go to line | 41. | | | | |
| *; | Subject | to adjustment on 4/01/19, and every 3 years after that fo | r cases filed | on or after the | date of adjus | stment. | | |

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| Debtor 1 | Lon | a Direese Kelly | Case n | number | (if known) | | | | |
|----------|-------------------------------|---|------------------|---------|----------------------|-----------------------|----------------|---------------|-------|
| | | | | | | | | | |
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | 7 | \$ | .25 | | | | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(|)(I) : | \$ | | I . | Copy nere=> | \$ | |
| | | Multiply line 41a by 0.25 | | _ | | | 10.0-2 | · | |
| 25 | % of y | ne whether the income you have left over after subtracting all allowed devour unsecured, nonpriority debt. le box that applies: | educti | ions i | s enougl | n to pay | | | |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> part 5. | ere is | no pr | esumptio | n of abus | se. | | |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The | | | | 1 | | | |
| Part 4: | Giv | ve Details About Special Circumstances | | | | | | | |
| reas | onable No. Go 'es. Fil ite Yo | we any special circumstances that justify additional expenses or adjustment alternative? 11 U.S.C. § 707(b)(2)(B). To to Part 5. I in the following information. All figures should reflect your average monthly expenses you listed in line 25. The property of the special circumstances that make the recessary and reasonable. You must also give your case trustee documentation ligistments. | expens e expe | se or i | ncome ac | djustmen e adjustn | t for ea | | is no |
| | G | | | | nonthly e adjustm | | | | |
| | H | lusband's Contracting expenses | \$ | | | 500.00 | | | |
| | - | | \$ | | | | _ | | |
| | - | | · – | | | | _ | | |
| | _ | | Ψ = | | | | _ | | |
| | _ | | \$_ | | | | _ | | |
| Part 5: | Sig | gn Below | | | | | | | |
| | By si | gning here, I declare under penalty of perjury that the information on this state | ement | and i | n any atta | achments | is true | and correct. | |
| | X /s | / Lona Direese Kelly | | | | | | | |
| | Lo | ona Direese Kelly gnature of Debtor 1 | | | | | | | |
| D: | | gnature of Deptor 1 Pbruary 1, 2019 | | | | | | | |
| 50 | MI | M/DD/YYYY | | | | | | | |
| | | | | | | | | | |

Debtor 1 Lona Direese Kelly

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2018 to 01/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Kaiser Foundation HP GA

Income by Month:

| 6 Months Ago: | 08/2018 | \$7,724.61 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018 | \$5,175.00 |
| 4 Months Ago: | 10/2018 | \$5,175.00 |
| 3 Months Ago: | 11/2018 | \$5,149.74 |
| 2 Months Ago: | 12/2018 | \$5,149.72 |
| Last Month: | 01/2019 | \$5,157.64 |
| | Average per month: | \$5,588.62 |

Line 6 - Rent and other real property income

Source of Income: **Rental Income**Constant income of <u>568.00</u> per month.
Constant expense of <u>568.00</u> per month.

Net Income **0.00** per month.

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Debtor 1 Lona Direese Kelly Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 08/01/2018 to 01/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Contractor

Income by Month:

| 6 Months Ago: | 08/2018 | \$1,972.48 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018 | \$3,730.00 |
| 4 Months Ago: | 10/2018 | \$3,040.00 |
| 3 Months Ago: | 11/2018 | \$2,560.00 |
| 2 Months Ago: | 12/2018 | \$2,720.00 |
| Last Month: | 01/2019 | \$2,680.00 |
| | Average per month: | \$2,783.75 |

Afni, Inc. Po Box 3097 Bloomington, IL 61702

Barclays Bank Delaware P.o. Box 8803 Wilmington, DE 19899

Bluegreen Corp ATT: Timeshare 4960 Conference Way N, Ste 100 Boca Raton, FL 33431

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chase Mortgage Po Box 24696 Columbus, OH 43224

Chrysler Capital Po Box 961275 Fort Worth, TX 76161

Credit One Bank Na Po Box 98872 Las Vegas, NV 89193

Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773

Discover Fin Svcs Llc Po Box 15316 Wilmington, DE 19850 Georgia Dept. of Revenue Bankruptcy Unit 1800 Century Blvd. Suite 17200 Atlanta, GA 30345

Heritage Property Management 500 Sugar Mill Rd Ste 200B Atlanta, GA 30350

Home Point Financial C 4849 Greenville Avenue Dallas, TX 75206

Internal Revenue Service 401 W Peachtree St. NW Stop 334-D Atlanta, GA 30308

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101

Macys/dsnb Po Box 8218 Mason, OH 45040

Nordstrom/td Bank Usa 13531 E Caley Ave Englewood, CO 80111

Onemain Po Box 1010 Evansville, IN 47706

Patriot Fin 2500 Cumberland Parkway Se Atlanta, GA 30339 Syncb/amazon Po Box 965015 Orlando, FL 32896

Syncb/ashley Homestore C/o Po Box 965036 Orlando, FL 32896

Syncb/jcp Po Box 965007 Orlando, FL 32896

Syncb/old Navy Po Box 965005 Orlando, FL 32896

Syncb/tjx Cos Po Box 965015 Orlando, FL 32896

Thd/cbna Po Box 6497 Sioux Falls, SD 57117

U.S. Attorney General 950 Pennsylvania Avenue, NW Washington, DC 20530